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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10532123 | <b>Applicant(s)/Patent Under Reexamination</b><br>WOELFEL, KEITH |
|   | <b>Examiner</b><br>Carolyn A Paden         | <b>Art Unit</b><br>1781  |

| ORIGINAL           |                                   |          |     |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|-----|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |     |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 426                |                                   | 269      |     |  |  | A                            | 2 | 3 | P | 1 / 08 (2006 01 01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 426                | 69                                | 99       | 302 |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 15    | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        | 16    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 3        |       | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 4        | 17    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 5        | 19    | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 6        | 9     | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 7        | 11    | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 8        | 18    | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 9        | 20    | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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|---|--|------------------------------|---------------------|
| NONE  |  | <b>Total Claims Allowed:</b> |                     |
|   |  | 20                           |                     |
| (Assistant Examiner)                                |  | (Date)                       |                     |
| /Carolyn A Paden/<br>Primary Examiner.Art Unit 1781 |  | 12-29-10                     | O.G. Print Claim(s) |
| (Primary Examiner)                                  |  | (Date)                       | 1                   |
|   |  |                              | O.G. Print Figure   |
|   |  |                              | none                |